## UNITED STATES DISTRICT COURT

## SOUTHERN DISTRICT OF WEST VIRGINIA

ΑT

v. Case Number

## NOTICE OF CHANGE OF ATTORNEY INFORMATION

Select and complete the appropriate section of this form to update your name and/or firm information, to add your name as counsel of record, to change representation within your firm, or to remove your name from the court's service list <u>for the above-entitled action only</u>. DO NOT use this form to withdraw from the above-entitled action, which requires a motion to withdraw and a court order pursuant to LR Civ P 83.4.

	I,, hereby provide this <i>Notice of</i>		
Name of Attorney  Change of Attorney Information to the Court and request the Clerk's Office to:			
0	Please add my name as counsel of record <u>in the above-entitled action only</u> as follows:		
has m	m/government agency,		
0	Please change within-firm representation <u>in the above-entitled action only</u> as follows:		
My fi	rm/government agency,,		
by	<b>,</b>		
whose	ade an appearance in the above-entitled action. I request to be substituted as counsel of record for the party(s) on behalf the above-named attorney has appeared and further request the court to remove the above-named attorney he court's service list for this case only.		

USDC/A	USDC/ATTY-006 (Rev. 4/09) Notice of Change of Attorney Information		
0	Please remove me from the Cour follows:	rt's service list <u>for the above-entitled action only</u> as	
I am to	o remain counsel of record for the following pa	arty(s):	
notifyi		e orders, correspondence, motions, pleadings, notices, etc., and am vice list for this case only. I will notify the Clerk of Court should	
	r, I hereby absolve other counsel of record, if and its pleadings, notices, etc., upon me in this case	ny exist, or pro se parties, from serving any future correspondence, se only.	
0	Please update my name and/or fir follows:	rm information <i>for the above-entitled action only</i> as	
Forme	r name:	New name:	
New fi	irm/government agency name:		
New a	ddress:		
New to	elephone number New facsimile number	New e-mail address (provide only if a registered CM/ECF e-filer)	
Date:			